

MISSOURI

STATE BOARD OF NURSING

NEWSLETTER

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MESSAGE FROM THE PRESIDENT

Cordelia Esry, PhD, RN
President, Missouri State Board of Nursing



Three months go very fast and it is again time to let you know we are still very active and alive. It was nice to hear from several of you that you enjoyed the newsletter and appreciate its' content. As implored in the first issue, we would like for it to reflect items which you want to know more about as well as the daily activities of the board staff necessary to carry out the mandates of the regulatory laws. In order for the Newsletter to do the first, we must hear from you.

I have just returned from Columbus, Ohio where Calvina Thomas, Rita Tadych and I attended an Area II, National Council Meeting. The predominating issues were continued competency, unlicensed assistive personnel, discipline and mutual recognition. None of these items were considered simple and uncomplicated. To try to work out solutions that can be commended and then possibly endorsed by a majority of the boards, worksheets, actual cases, pseudo-cases, and real persons were employed by representatives of the boards to offer challenges to finding answers. No, we didn't come up with definitive answers but by working through actual scenarios, the problems and questions which arise and the subsequent action on those can do a lot in helping to arrive at

a universal acceptable method, i.e., evaluation of a staff person's competency, for instance. The staff at National Council continues to work on these areas of concerns as well as trying to look ahead to the challenges of the 21st Century.

Mutual recognition by member states continues to proceed in an orderly manner. In Missouri, we are primarily in an informational mode, i.e., we will present to any group or individual requesting information on the topic of mutual recognition, its' advantages and its' possible drawbacks. The Board has voted to support the concept and it will again be presented as legislation for the 2000 Missouri State Legislature.

To the nurses out there on the work front, let us know your needs, your concerns and the state of the profession as you see it. If they fall within the mission of the Missouri State Board of Nursing, which is to ensure safe and effective nursing care in the interest of public protection, it is my pledge to assure you that we will give all due consideration to your notation.

MESSAGE FROM THE EXECUTIVE DIRECTOR

Marcia K. Flesner, RN, MSN, MHCA, CNA
Executive Director

Mea Culpa

As Harry Truman said, "The buck stops here". As the Executive Director employed by the Missouri State Board of Nursing to manage the affairs of the Board office, I have the privilege of celebrating the accomplishments of the office and explaining the errors made. The purpose of my article in this issue will be to apologize for errors or omissions made in the last issue of the Missouri State Board of Nursing (MSBN) Newsletter. Like any new endeavor with numerous participants and thousands of words, a small number of mistakes can be expected. I would like to be able to blame the computer, but as we all know, humans enter the data with their nimble fingers.

First, my sincere apology is extended to Dr. Elaine Frank-Ragan and the faculty of Central Missouri State University (CMSU). In Issue 1 of the MSBN Newsletter we listed the approved nursing educational programs in Missouri, with their five-year pass rates. An error occurred in the preparation of the article, resulting in the omission of CMSU and their pass rates. In an effort to assuage our guilt over the omission, board staff has included additional information on CMSU in the Education Corner. Pass rates of the approved schools of nursing in Missouri will be published in the Newsletter on an annual basis.

Second, I would like to clarify the Disclaimer Clause that was placed on the second page of the last Newsletter. The clause gave the impression that the MSBN approves continuing education offerings listed in the Newsletter. The MSBN does not approve continuing education programs offered by providers in Missouri. The Missouri Nurses

Association is accredited by the American Nurses Credentialing Center (ANCC) Commission on Accreditation as an approver of continuing education in nursing. The MONA office can be contacted by calling 573-636-4623. The Disclaimer Clause has been revised and I apologize for any confusion the original disclaimer may have caused.

Third, our newsletter failed to include the certification credentials of one of our Board members, Arthur Bante, RN, CRNA, on the front page of our inaugural issue. Mr. Bante is the first nurse anesthetist to serve as a Board member. As healthcare becomes more complex, scope of practice issues become more complicated. Having two advanced practice nurses as Board members, assists the other Board members in decision making related to practice concerns and questions. Robin Vogt, MSN, RN, FNP-C is the other advanced practice nurse who is a Board member.

Finally, I want to thank the nurses who sent us compliments and thank you notes on the inaugural MSBN Newsletter. Regulators rarely receive compliments, therefore your kind words and E-mails were appreciated. I encourage nurses to communicate with the MSBN office with questions or requests for topics for upcoming issues. The next Newsletter will be mailed in August 1999. At that you will be updated on legislation signed into law this year that will impact you as a licensed nurse in Missouri. In addition, we will start a series of articles on two topics of importance to the MSBN, Mutual Recognition and Competency among Missouri nurses. Letters should be addressed to my attention at 3605 Missouri Boulevard, P.O. Box 656, Jefferson City, MO 65102. I hope to hear from many of you in the future.

GOVERNOR

The Honorable Mel Carnahan

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Randall J. Singer, Director

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EXECUTIVE DIRECTOR

Marcia K. Flesner, RN, MSN, MHCA, CNA

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Board Member Corner

Patricia R. Porterfield, RN, MSN of St. Charles, MO was appointed to the Missouri State Board of Nursing on March 20, 1997 by Governor Mel Carnahan. On June 4, 1998 Mrs. Porterfield was elected Vice-President of the Board.

Mrs. Porterfield received a diploma from Sparks Memorial Hospital School of Nursing in Fort Smith Arkansas, in 1967, a BSN from Southwest Missouri State University in Springfield, MO, in 1981 and an MSN from the University of Missouri-Columbia in 1984. Mrs. Porterfield is the Dean of the Health and Wellness Division at St. Charles Community College in St. Peters, MO. She is an Ed. D student at the University of Missouri-St. Louis. Mrs. Porterfield is married to Lyndel Porterfield and has 3 children. She lives in St. Charles, MO.

Mrs. Porterfield is a member of the following Board committees: Licensure, Education, and Executive Committee, and has participated in numerous site visits of Nursing Schools in Missouri. She is an active member of the Missouri League for Nursing, serving as their Immediate Past Vice President and is a member and past Board member of the National Organization for Associate Degree Nursing.



Patricia Porterfield



Paul Lineberry

Paul Lineberry, PhD, is the Public Member of the Missouri State Board of Nursing. Governor Mel Carnahan appointed Mr. Lineberry to the Board on January 18, 1996.

Mr. Lineberry received a BS from the University of Missouri-Columbia in 1952, an MS from the University of Missouri-Columbia in 1959 and was awarded a PhD by Colorado State University in 1975. Mr. Lineberry retired in 1990 after working in a variety of settings in the Federal government in Washington, DC and State government in Arizona and Missouri. His last position before retiring was with the Missouri Division of Aging as a Program Analyst. Mr. Lineberry is married to Eileen and resides in Columbia, MO.

Mr. Lineberry is a member of the following board committees: Licensure, Practice and Executive Committee. He is a State Board member of OATS, the Golden K in Columbia, and just completed a year as the Worthy Grand Patron of Eastern Star in Missouri.

MESSAGE FROM DIVISION DIRECTOR

Randall J. Singer

Through team input and much planning, we started exploring the possibility of updating to a new, more efficient licensing system that will provide more user friendly interfaces and the ability to grow and adapt to new technology. I'm glad to report that we have awarded a contract to provide such a system. Our implementation is scheduled for sometime this spring.

It was brought to our attention in 1997 that our current licensing system would experience problems with the transition from the 1990s to the year 2000—known to us as "Y2K". This causes

incorrect results when the difference between dates is calculated and when dates are compared or sorted.

The backbone of the new system is already Year 2000 compliant and the final cost of the system is one-third of the cost to correct our existing system. We are very lucky, in effect killing two birds with one stone. Therefore, the "Y2K" will not affect your regulator.



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MISSION OF THE MISSOURI STATE BOARD OF NURSING

The Mission of the Missouri State Board of Nursing is to ensure safe and effective nursing care in the interest of public protection.

MISSOURI STATE BOARD OF NURSING'S 1999 BOARD MEETING DATES

The Board of Nursing will meet four times during 1999 and all meetings will be held in Room 400 of the Harry S. Truman State Office Building located in Jefferson City, Missouri.

June 3-4, 1999
September 16-17, 1999
December 8-9, 1999

All dates are subject to change. The agenda for each meeting can be seen at the Board of Nursing's Website at the following address: <http://www.ecodev.state.mo.us/pr/nursing/>



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Education Corner

Calvina Thomas, PhD, RN, Assistant Director for Education and Licensure

Missouri State Board of Nursing Education Committee Members:

- Patricia Porterfield, RN, MSN; Chair
- Janet Anderson, RN
- Ian Davis, LPN
- Cordelia Esry, PhD, RN
- Charlotte York, LPN

The Education Committee includes diverse representation in nursing education and nursing service.

A LPN Must Be Currently Licensed and IV-Certified to Perform IV Therapy

Recent revisions to the Minimum Standards for Practical Nursing Programs allow practical nursing programs to integrate IV therapy into their curriculum. Not all practical nursing programs will be integrating IV therapy into their curriculum.



As a result of the revisions to the minimum standards, the Board has received telephone calls from Graduate Practical Nurses and employers questioning whether or not a GPN may perform IV therapy. In response to the preceding question, the answer is no. In accordance with 4 CSR 200-6.010, only a licensed LPN may perform IV therapy. Therefore, the GPN cannot perform IV therapy until s/he has been licensed and IV-certified. If the LPN is IV certified, the designation of "IV-Certified" will appear on the LPN's license.

History of IV Therapy Rule

Prior to 1984, LPNs were performing IV therapy with on the job training. Initial legislation was passed in the State of Missouri on April 12, 1984, which allowed licensed practical nurses to perform many intravenous therapy functions after successful completion of an intravenous therapy course approved by the Missouri State Board of Nursing. The LPN/IV Therapy Task Force was comprised of:

- Shirley Stevens, Chairperson from Rolla AVTS
- Leora Bremer, State Fair Community College
- Clara Eisenbach, Sikeston AVTS
- Sandra Richardson, Jefferson Junior College
- Sharon Taylor, Columbia PN Program
- Pat Winberg, Kansas City Technical Education Center

Sharon Taylor, former task force member shared some of the comments received from a survey conducted during the initial phase of the task force's work.

"Probably too technical for LPNs."

"LPNs do not have the broad base of practice that RNs do."

"RNs go to school for one, two and three years longer than LPNs, so they should do all IV therapy."

Based on survey results, comments and their nursing expertise and judgment, the initial task force members suggested language to the members of the Missouri State Board of Nursing for the IV-therapy rule, 4 CSR 200-6.010. The rule defined I.V. Fluid Treatment, limited and defined the scope of I.V. Fluid Treatment which could be performed by LPNs and defined standards for a course of instruction.

Since the rule became effective on December 26, 1983, the IV-therapy rule has been revised a total of seven times over the years.

In July 1988 the Instructional Materials Laboratory at the University of Missouri-Columbia published a comprehensive curriculum guide. The Department of Elementary and Secondary Education (DESE) funded the project with the goal of bringing more consistency and quality to programs of intravenous therapy for LPNs. The manual has been updated in July 1992, August 1995, May 1996 and August 1997. An advisory committee suggests revisions to the manual. The advisory committee includes diverse representation in nursing education, practice and service. The Missouri State Board of Nursing then reviews suggested changes to the manual.

The members of the Missouri State Board of Nursing have provided 29 clarifications to questions related to the rule since its inception.



Calvina Thomas

Central Missouri State University

In the February-April 1999 edition of the Missouri State Board of Nursing Newsletter Central Missouri State University was inadvertently left off the list of Missouri accredited baccalaureate degree nursing programs.

Central Missouri State University (CMSU) was granted full accreditation by the Missouri State Board of Nursing in 1960. From the beginning, CMSU Nursing Department has offered students clinical experience in both urban and rural nursing settings. It is the only baccalaureate degree nursing program in the area to provide students this kind of enriched, diversified experience. Because of its broad scope, the Department is now serving increased numbers of non-traditional students, registered nurse students, and transfer from community and senior colleges who have been able to secure the range of nursing experience our modern world calls for.

Central Missouri State University is now housed in two major facilities, the first on the CMSU campus in Warrensburg and the second in Kansas City at North Kansas City Hospital. Through these two facilities, with their well credentialed faculties, educational resources, and library access, the CMSU Nursing Program continues to admit its full complement of students twice a year and maintains the highest enrollment of educationally mobile registered nurse students in the history of the university.

The five-year pass rate of CMSU is as follows.

— 7/93-6/94	88.33%
— 7/94-6/95	91.11%
— 7/95-6/96	93.62%
— 7/96-6/97	92.86%
— 7/97-6/98	80.00%

CMSU is approved to admit 30 students per class with two admissions per year. Forty-five Students were tested during the 97/98 fiscal year.

The Chairperson of Central Missouri State University's Department of Nursing is Elaine Frank-Ragan. CMSU may be reached at CMSU, Department of Nursing, SHC-106, Warrensburg, Missouri 64093.

U.S. Department of Education Renews Board's Recognition as a Recognized Agency for Approval of Nurse Education

The U.S. Department of Education renewed the Missouri State Board of Nursing's recognition as a recognized state agency for the approval of nurse education. The maximum that is allowed for state agencies which is four years, was granted.

Continued to page 4

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EDUCATION CORNER

(Continued from page 3)

The Missouri State Board of Nursing was first recognized as a state agency for the approval of nurse education in 1970. At that time, provisional recognition was granted for one year. The Missouri State Board of Nursing was granted full recognition in 1971 and has been granted continued recognition periodically since that time.

The U.S. Department of Education determined the Missouri State Board of Nursing to be reliable authorities as to the quality of training offered by schools and programs granting diplomas, associate and baccalaureate degrees in nursing. This is for the purpose of enabling those schools to establish eligibility for financial assistance.

Nurse Educators' Orientation

As reported in our last Newsletter, the Board provided nursing program administrators with a reference manual and workshop about their role in the regulatory arena. A total of 90 nursing program administrators and faculty attended the workshops. One workshop was held in September in Jefferson City, Missouri and three others were held in February in Columbia, St. Charles, and Warrensburg. The Board received positive feedback and valuable tips for future orientation sessions from the attendees.

The Board would like to extend their warmest thanks to Rosemary Porter and staff at Sinclair School of Nursing, Patricia Porterfield and staff at St. Charles County Community College and Elaine Frank-Ragan and staff at Central Missouri State University for hosting the workshops. We could not have done it without their assistance.

Interactive Care Plan Creator is Here

The Special Services Division is pleased to announce the release of Lippincott's Interactive Care Plan Creator. The Interactive Care Plan Creator was co-developed by the National Council of State Boards of Nursing, Special Services Division. This invaluable, interactive learning tool allows students to build customized care plans using National Council's Nursing Information Retrieval System (NIRS®). NIRS is the terminology used in National Council's Computerized Clinical Simulation Test (CST®).

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The Care Plan Creator is available for individual use at \$49.95 in bookstores or call (800) 638-3030. It can also be purchased at Lippincott's online store: <http://lww.com>.

BOARD MEETING HIGHLIGHTS

March 3-5, 1999 Meeting

Members of the Board of Nursing met in regular session at the Harry S Truman State office building in Jefferson City, MO on March 3-5, 1999. Following is a brief summary of the highlights of that meeting:

LEGISLATION

Discussion was held with a representative from the Missouri Nurses Association and two advanced practice nurses regarding House Bill 353 (relating to registered nurse first assistants) and 354 (relating to insurance coverage for services of registered nurse first assistants).

Discussion was held with two certified registered nurse anesthetists regarding House Bill 583 and Senate Bill 207 (repeals section 195.070, RSMo Supp. 1998, relating to prescription authority, and to enact in lieu thereof two new sections relating to the same subject).

Discussion was held with representatives from the Missouri State Association of Licensed Practical Nurses regarding House Bill 474 (repeals

sections 335.061 and 335.071, RSMo 1994, and sections 335.016, 335.046, 335.051, 335.066 and 335.081, RSMo Supp. 1998, and both versions of section 335.036 as they appear in RSMo Supp. 1998, relating to the regulation and licensing of nurses, and to enact in lieu thereof eight new sections relating to the same subject).

LICENSURE/EDUCATION REPORT

During the period covering December 1, 1998 to February 19, 1999:

1,507 applications for licensure by renewal, examination, and endorsement were processed (615 endorsements to another state were processed, 140 advanced practice nurse applications were processed, 213 IV therapy certification rosters were received and 182 NCLEX® reports were mailed to each program).

DISCIPLINARY/VIOLATION HEARINGS

6 disciplinary hearings were held—5 RNs and 1 LPN

2 violation hearings were held—1 RN and 1 LPN

DISCIPLINE SECTION

Liz Cardwell RN, M.Ed
Discipline Coordinator

Missouri State Board of Nursing Disciplinary

Committee Membership

Charlotte York, LPN, Chairperson
Robin Vogt, MSN, RN, FNP-C
Cordelia Esry, PhD, RN
Pat Versluis, RN
Janet Anderson, RN

A Care Plan for Your Nursing License

On occasion I receive concerned inquiries from licensees who have been told by their employer that because the licensee did or did not perform a certain activity, the employer will, "take their license." While it is true that anyone, such as your employer, can make a complaint against your license, the authority to take disciplinary action on nurses' license rests solely with the Missouri State Board of Nursing. The Board reviews all complaints received in the Board of nursing office, however, not all complaints result in the discipline of a nurses' license.

In our rapidly changing healthcare environment, providing ongoing care for your nursing license in the course of your day to day practice is a reasonable and advisable endeavor.

Consider developing a "care plan" that will aid you in being pro-active in averting yourself from engagement in activities that are violations of the Nursing Practice Act and could result in a complaint being made against your license. Remain aware that being responsible and accountable for your nursing activities is a fact of life. Stating "I didn't know, no one told me, we've always done it this way, the other nurses do it, I didn't get that in orientation etc." are unacceptable excuses for activities that violate the Nursing Practice Act. Not knowing or not abiding by the law and rules that regulate nursing practice will not absolve you of

the repercussions of poor nursing judgments and practice.

Your nursing license care plan may be developed much as you would develop a care plan for a patient. The following example uses medication errors as the problem, but you may use the same framework for other areas of nursing practice concern.

1. What is your 'nursing diagnosis' of the problem?

Medication errors

2. Identify the desired outcome and time frame to deal with the problem.

Patients will receive the correct medication as ordered

3. Identify the 'interventions' you will use to deal with the problem.

The five Rs of medication administration will be utilized

4. Re-evaluate your strategies and determine what to do next.

Identify the patients' response to the medication

There are certain practice areas where the risks for the formation of a complaint against ones license are increased. Vigilance in these areas may prove invaluable in your nursing license "care plan": medication administration, documentation, facility policies and procedures, scope of practice, awareness of how your nursing activities may be perceived by others, responsibilities as a supervisor, communication skills, and personal attributes of skills, knowledge and abilities.

Remember to determine your priorities, establish your desired outcome and make a plan of action in caring for your nursing license.



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Grape Community Hospital



Licensure Corner

Lori Scheidt, AA, Licensing Supervisor

Missouri State Board of Nursing Licensure Committee Members:

- Ian Davis, LPN, Chair
- Arthur Bante, RN, BSA, CRNA
- Paul Lineberry, PhD
- Patricia Porterfield, RN, MSN
- Charlotte York, LPN

The Education Committee includes diverse representation in nursing education and nursing service.

ATTENTION RNs HAVE YOU RENEWED YOUR LICENSE?

By now you should have renewed your nursing license which expired on April 30, 1999. Renewed licenses are valid through April 2001.

If you have not renewed your license, it is now considered lapsed and you cannot practice nursing in the State of Missouri. You should immediately contact the Board of Nursing for renewal instructions. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us

A NOTE TO NURSE EMPLOYERS HAVE YOU VERIFIED RN LICENSES OF YOUR STAFF?

Ask to see the employee's original current Missouri license. A duplicate license will look like a regular license but will have "DUPLICATE" printed below the license number.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office to verify credentials before hiring. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us

RN Renewals

This is the first RN renewal cycle since the 2-year license period started. Board staff quickly identified one of the disadvantages of renewing licenses every 2-years. That disadvantage is over 5,000 renewal notices were returned to the Board

office based on non-current addresses. Board staff have mailed 3,675 duplicate renewal notices and re-mailed 1,175 returned renewal notices. Licenses can be verified by calling the Licensure Section at (573) 751-0681 or faxing the request to (573) 751-6745.

Number of Phone Calls

The number of telephone calls taken by Board of Nursing staff increased dramatically during the RN renewal cycle. The RN renewal cycle began on February 1, 1999 and ended on April 30, 1999. From the time period of February 1, 1999 to April 1, 1999, staff in the Board's Licensure Section took 7,433 telephone calls. Due to the large volume of calls, you may have experienced a busy signal. Please remember that you may also contact the Board office via fax at (573) 751-6745 or e-mail at nursing@mail.state.mo.us. Please remember to have your license number or the license number of the nurse readily available when contacting the Board office.

Commonly Asked Licensure Questions

Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?

Contact the Division of Aging at (573) 751-3082.

Where do I call to verify an Emergency Medical Technician (EMT)?

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

What is the process for the Board to endorse my license to another state?

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found by selecting *Board of Nursing* from the National Council of State Boards of Nursing's website at www.ncsbn.org. At the time you apply for licensure in another state, that Board will give you a verification of licensure form that must be sent to our office for completion. Fill out your part of the form and send it to our office with a \$5.00 check or money order. We will complete the remainder of the form and forward it to the state in which you are applying for a license.

NCLEX® Exam Eligibility

A candidate for the NCLEX-RN® examination must have completed and earned a degree from an accredited professional nursing program.

A candidate for the NCLEX-PN® examination must have completed and earned a degree from an accredited practical nursing program or completed one of the following comparable periods of training:

- 1) Graduation from an accredited professional nursing program and successful completion of a personal and vocational concepts course at an accredited practical nursing program; or
- 2) Graduation from the Army's Clinical Specialist Course (91C).

Missouri statutes do not allow an applicant to challenge eligibility criteria. Therefore, unless you meet the above criteria, you are not eligible to take the licensure exam.

The Board's rule defining requirements for a license can be found on the Board's website at www.ecodev.state.mo.us/pr/nursing.

Update on Sylvan Technology Centers Located in Missouri

The Sylvan Technology Center located in Creve Coeur, Missouri ceased NCLEX® testing in early March. We now have another center in St. Louis located at City Place One, 1 City Drive #415, St. Louis, MO 63141. They may be reached at (314) 993-9092.

The last day of NCLEX® testing for the Sylvan Technology Center located in Gladstone, Missouri was April 1, 1999. Candidates in the Kansas City area may want to test at the new Sylvan Technology Center located at 7600 West 110th Street in Overland Park, Kansas.

Graduate Nurse Practice




The Rule

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

Continued to page 6



CAPITAL REGION MEDICAL CENTER

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Our brand-new, state-of-the-art Intensive Care, Cardiac Catheterization and Progressive Care Units have full-time and part-time positions available for registered nurses with critical care experience. We offer opportunities for professional advancement via our clinical ladder, critical care courses and tuition reimbursement. A variety of flexible shifts are available and self-scheduling is available in ICU & PCU. SIGN-ON BONUS ARE AVAILABLE TO QUALIFIED CANDIDATES. Capital Region is located in Central Missouri which offers a low cost of living, low crime rate, excellent educational opportunities, lots of recreational opportunities and a family environment. CAPITAL REGION IS THE PLACE TO PRACTICE CRITICAL CARE. Apply with: Elizabeth Beach, Nurse Recruiter, Capital Region Medical Center, P.O. Box 1128, 1125 Madison Street, Jefferson City, MO 65102, 573-632-5038, FAX: 573-632-5952. EOE, M/F/D/V

CAREERS @ MAYO

Perioperative RN Opportunities


Mayo Foundation is an affirmative action and equal opportunity educator and employer.

Mayo Clinic and Hospitals is an internationally known and respected institution that includes Mayo Clinic, Rochester Methodist Hospital, and Saint Marys Hospital. Together they form the world's largest private group practice. Both Mayo hospitals are acute-care, not-for-profit, teaching facilities.

Current opportunities include:

- **Perioperative RN's** - Qualified candidates must be a graduate of an accredited School of Nursing and be eligible for RN licensure in the state of Minnesota. BSN preferred.
- **Preop/Post-op RN's** - Qualified candidates must be a graduate of an accredited School of Nursing and be eligible for RN licensure in the state of Minnesota. BSN preferred. Must have at least one year of current ICU experience.

As a leader in healthcare, Mayo Clinic offers an excellent salary and benefits package, including relocation assistance. A full range of tax deferred annuities and mutual fund options, a sick child care facility and a Mayo sponsored activity program that includes discounted vacation travel plans and an employee fitness center. When inquiring about these opportunities, please refer to job posting #99-3625 MO. Interested candidates should send their resume to:



Mayo Clinic and Hospitals
Sharon Copeman HR Staffing Center, OE-1
200 1st Street SW, Rochester, MN 55905

Mayo uses optical scanning technology. Please send a 3x5 print-out of your resume with minimal use of bullets, italics, underlining and bolding.

phone 507-266-7094 fax 507-284-1445 e-mail copeman.sharon@mayo.edu www.mayo.edu


HEAD NURSE NO WEEKENDS

Research Medical Center is a 535-bed teaching hospital and Level II Trauma Center. We are proud to be part of the 16-hospital Health Midwest health care delivery system. We are looking for a Perianesthesia Head Nurse who will provide nursing leadership for assessment, planning, implementing and evaluating patient preop and postop care in the surgical area. Collaborate with physicians and other departments to meet patient and family needs. Manage resources in a fiscally responsible manner and will manage a fifty FTE Staff of RNs, PCTs, Unit Secretaries, and orderlies. The successful candidate also must possess strong and effective interpersonal skills, necessary for staff and management communication, and have analytical & critical thinking for this fast-paced, high energy level position.

Qualifications include:

- BSN with current Missouri license
- ACLS Certified or willing to be certified
- 2 years Clinic nursing experience required
- At least 1 year Supervisory of charge nurse experience necessary
- PACU/Recovery room or Surgery Center experience preferred.

Please fax or mail a resume, with salary history, to:
Research Medical Center



HEALTH MIDWEST

Attn: Human Resources Dept
2316 E Meyer Blvd.
Kansas City, MO 64132
Fax: 816-276-3571
or call 816-276-4175
EOE M/F/D
POST OFFER PHYSICAL

LICENSURE CORNER

(Continued from page 5)

We recommend that you have the graduate sign an *Authorization to Release Confidential Information* form so we may provide you with periodic updates on the person's exam and licensure information. A sample authorization form is included with this article.

After the Examination

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass letter" authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the result to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

About Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

Proper Supervision

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, _____, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, _____, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

Date _____
Applicant's Signature _____
Applicant's Printed Name _____
Applicant's Social Security Number _____
Fax to the Missouri State Board of Nursing at (573) 751-6745

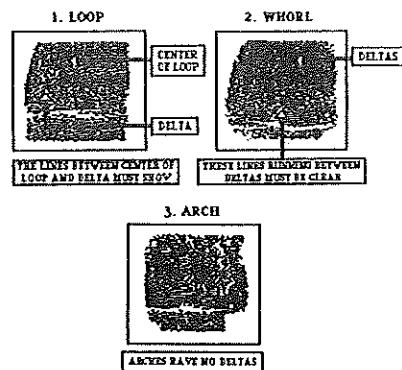
Background Check Requirement

On February 1, 1999, changes to the Board of Nursing's requirements for licensure rule became effective. The major change to this rule was to require exam and endorsement applicants to provide a completed fingerprint card so the Board may request a background check through the Missouri State Highway Patrol. As of March 31, 1999, the Board of Nursing office has processed over 1,300 fingerprint cards.

Prints may be taken by any law enforcement official trained in taking fingerprints. A fee is occasionally charged. Licensure Section staff of the

Board of Nursing are also trained to take prints. The signature of the person taking the prints must appear on the fingerprint cards. If reprints are required, a different individual than the one who originally took the prints must take them.

Most fingerprints fall into the patterns shown below:



Prints must be rolled from nail to nail and the ridges should be sharp and distinct.

Cards must carry the complete PHYSICAL DESCRIPTION of the applicant, including sex, race, color of eyes and hair, height, weight, date and place of birth and signature in ink. Abbreviations for hair and eye color may be used; please use BLK (black), BLND (blonde), BL (blue), BRN (brown), GRN (green), GRV (gray), and HZL (Hazel). The applicant must also indicate his/her social security number on the card. Cards cannot be properly indexed by the Missouri State Highway Patrol without this information. Incomplete cards will be returned to the applicant.

The most common reasons for returning a fingerprint card to a person to be reprinted, in order of priority follows:

- 1) Prints were not rolled from nail to nail.
- 2) Prints were not fully inked.
- 3) Missing physical description.
- 4) Missing identifying information (social security number, name, date of birth and place of birth).

Surgery Openings

Immediate full-time openings for a Registered Nurse and a Scrub Technician. Oncall is required for both positions. **Outstanding benefits include:** highly competitive salaries based on experience, Medical/Dental/Life Insurance. Please pick up an application at Fitzgibbon Hospital, Human Resources, 2305 S. 65 Hwy., Marshall, MO 65340



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Fax (660) 886-9001
E.O.E.

Looking For A New Challenge In Your Career?

St. Luke's Hospital has available:
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Full-time, part-time and PRN
Full-time available 3-12 hour shifts offered
ICU

Full-time, part-time and PRN
Full-time available with 3-12 hour shifts offered
Previous ICU experience
CV ICU

Full-time, Part-time, 12 hour shifts
Previous experience preferred.

Labor & Delivery

Full-time and PRN
Previous L&D experience required
Pediatrics

Part-time, 12 hour nights
Medical/GU

Full-time and PRN available
Orthopedics

Full and part-time

Rehab

Full and part-time

Float Pool

Full and part-time available
8 and 12 hour shifts
Work every 3rd weekend
Med/Surg Float Pool

Critical Care Float Pool

2 years previous experience required
St. Luke's offers competitive salaries and benefits
For more information, please call

Jayne Kerns
Nurse Recruiter at
314-205-6807, ext. 4011
or fax resume 205-6871
E.O.E.

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of St. Louis
3520 Chouteau Ave.
St. Louis, MO 63103
314-771-7667 FAX
Attn: Denise McVey, DON
EOE

Kansas/Missouri ElderCare: Legal and Financial Issues 1999

DATE: June 22, 1999 Overland Park Kansas, Overland Park Marriott

☐ Attorneys will discuss issues relevant to both states.

Continuing Education Hours: 7.2 Contact Hours

Tuition \$119.00 per person

Missouri Mental Health and the Law 1999

DATES: June 23, 1999

Overland Park Kansas, Overland Park Marriott

June 25, 1999 St. Louis, Missouri, Holiday Inn Southwest Viking

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☐ Confidentiality

Continuing Education Hours: 7.2 Contact Hours

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"THE BEST IN SUPPLEMENTAL STAFFING"

Most of the content in this section is developed by Rita Tadych, PhD, RN, Assistant Director for Discipline and Practice. Please be advised that her content is not intended to represent the legal opinions or views of the Board. Content included in this section that was developed by the Missouri State Board of Nursing is identified as that of the Board.

Missouri State Board of Nursing Practice Committee Membership

Robin Vogt, MSN, RN, FNP-C, Chairperson
Arthur Bante, RN, CRNA
Ian Davis, LPN
Cordella Esry, PhD, RN
Paul Lineberry, PhD
Patricia Versluis, RN

Your Opportunity for Informal Input on Future Rule Changes

In looking through this issue of the Newsletter, you will notice that the Board of Nursing's most current Rules/Regulations have been printed for your convenience. I want to direct your attention to two (2) rules, namely:

- (a) 4 CSR 200-6.010 Intravenous Fluid Treatment Administration, and
- (b) 4 CSR 200-4.100 Advanced Practice Nurse.

The Board will be addressing both of these rules for language changes.

I ask that you carefully review these two (2) rules in light of your current practice observations, demands, and experiences and then contribute your specific new or different language recommendations (e.g., clarify, modernize, narrow, expand, or delete existing language) to the Board's Practice Committee.

You may convey your written recommendations to the Practice Committee via my attention by:

- (a) mail to the Board Office address (see page 1);
- (b) fax at (573) 751-0075; or
- (c) e-mail to rtadych@mail.state.mo.us.

Please send your recommendations as soon as possible.

Obviously, this will not be your only opportunity for input. I just think of this strategy as another way to secure your involvement!

Collaborative Practice Rule Review

Friday, May 14, 1999, 10:00 a.m. was the date and time scheduled for a meeting of members of the Boards of Nursing, Healing Arts, and Pharmacy to review the rule, 4 CSR 200-4.200 Collaborative Practice. The meeting was held at the Professional Registration building.

During their license renewal period, physicians who had indicated having collaborative practice arrangements with advanced practice nurses were

PRACTICE



CORNER

asked to complete a 'physician survey' developed by the Board of Healing Arts. Each physician was also asked to provide one collaborating advanced practice nurse with an 'advanced practice nurse survey' that was developed by the Board of Nursing. A Board of Pharmacy 'pharmacist survey' was also conducted.

As part of their collaborative practice rule review process on May 14, boards' members used the compilations of survey data.

I trust that collaborating physicians and advanced practice nurses have fully utilized their respective surveys as an opportunity to identify the strengths and limitations of the collaborative practice rule as it currently exists.

Two New Missouri State Board of Nursing Position Statements

During their March 1999 Board meeting, Board members approved two (2) position statements. The "Utilization of Unlicensed Health Care Personnel" is a major revision of an earlier (1992) unlicensed assistive personnel position statement, while the "Board of Nursing-Recognized Registered Nurse Anesthetist Scope of Practice" position statement is a new document.

Missouri State Board of Nursing Position Statement Utilization of Unlicensed Health Care Personnel

The mission of the Missouri State Board of Nursing is to assure safe and effective nursing care in the interest of public protection. The Board of Nursing has the legal responsibility to regulate nursing and provide guidance regarding the utilization of unlicensed health care personnel. The Board acknowledges that there is a need and a place for competent, appropriately supervised unlicensed health care personnel to assist, but not replace, licensed nurses.

Unlicensed health care personnel who perform specific nursing care tasks without benefit of instruction, delegation, and supervision by licensed nurses may be engaged in the practice of nursing without a license. Such actions by

unlicensed health care personnel are a violation of the Missouri Nursing Practice Act [335.066(10), RSMo]. Unlicensed health care personnel remain personally accountable for their own actions.

The Missouri State Board of Nursing recognizes that activities of unlicensed health care personnel need to be monitored to protect the health, welfare, and safety of the public. Registered professional nurses may teach, delegate, and supervise licensed practical nurses and unlicensed health care personnel in the performance of certain nursing care tasks [335.016(9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Under the direction/supervision of registered professional nurses or persons licensed by a state regulatory board to prescribe medications and treatments, licensed practical nurses may teach, delegate, and supervise unlicensed health care personnel in the performance of specific nursing care tasks [335.016(8), RSMo; 4 CSR 200-5.010 Definitions].

Registered professional nurses and licensed practical nurses must make reasonable and prudent judgments regarding the appropriateness of delegating selected nursing care tasks to unlicensed health care workers. Licensed nurses must ensure that unlicensed health care personnel have documented, demonstrated evidence of appropriate education, training, skills, and experience to accomplish the task safely. Carrying out responsible and accountable supervisory behavior after specific nursing care tasks are delegated to unlicensed health care personnel is critical to the health, welfare, and safety of patients [335.016(9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Licensed nurses who delegate retain accountability for the tasks delegated.

To assist licensed nurses to competently perform the critical processes involved in delegating, the Missouri State Board of Nursing subscribes to the use of the National Council of State Boards of Nursing's concept paper on delegation and delegation decision-making tree available at the National Council of State Board of Nursing's web site address, <http://www.ncsbn.org/files/delegation.html>.

MSBN 10/8/92
Revised 3/3/99

Continued to page 8

MLN Continuing Education Programs Timely Topics at Multiple Locations to Assist in Your Professional Growth

- Diabetes Management
- Exploring Information Highway
- Supervisory/Leadership/Delegation Skills
- DON in LTC Leadership Enhancement
- Respiratory Assessment
- Assessment of Geriatric Health Problems
- Assessments Skills for the LPN
- Complimentary/Alternative Therapies
- Journey through Grief/Overcoming Loss
- Pharmacological Treatment of Psychiatric Disorders in LTC
- Chronic Wound Care
- Key Elements of Dementia Care



For detailed information, contact the
Missouri League for Nursing
573-635-5355 Fax 573-635-7908
E-Mail: mln@sockets.net
www.mlcaguenursing.org

MEET YOU IN MONTANA

\$4,000 SIGN ON BONUS AND RELOCATION REIMBURSEMENT AVAILABLE! Benefits Healthcare is currently accepting applications for RN's with experience in CICU, NICU, CCU and ICU. Current Montana licensure required.

Benefits Healthcare, Montana's largest medical facility, is a regional referral center providing a wide range of inpatient and outpatient services. Benefits Healthcare's 2,600 plus employees provide comprehensive services at five locations in Great Falls, including the state's largest hospital facility, and outreach services in the region's 42,000 square miles, serving 200,000 Northcentral Montana residents. More information on our facility and the Great Falls area can be obtained at our website, www.benefits.org

We offer a quality work environment and excellent salary/benefit packages. EOE Apply at

Benefits Healthcare Human Resources Dept.
C/O Gannline Rapp MO
1101 26th Street South
Great Falls, MT 59405

406/455-5487 OR 1-800-645-6620
FAX: 406/455-4995
E-MAIL: rgaggett@benefits.org



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Central California Region
Catholic Healthcare West
CHW

Bakersfield Memorial Hospital • Memorial Center
Nancy Hospital • Mary Southwest Hospital • Mary Watville Hospital

PRACTICE CORNER (Continued from page 7)

Missouri State Board of Nursing Position Statement Board of Nursing-Recognized Registered Nurse Anesthetist Scope of Practice

Registered professional nurses licensed in Missouri who are Board of Nursing-recognized as registered nurse anesthetists may, without physician supervision, administer anesthesia and anesthesia-related care pursuant to the statute, 335.016 (9)(c), RSMo, [see also Sermchief v. Gonzales, 660 S.W. 2d 683 (Mo. Banc 1983)], and in accord with:

- the American Association of Nurse Anesthetists Scope and Standards for Nurse Anesthesia Practice;
- laws and national standards that regulate the entity in which anesthesia and anesthesia-related care is being administered; and,
- any other state or federal laws or national standards regarding the practice of nurse anesthesia.

MSBN 3/3/09

Frequently Asked Practice Questions

I trust these questions and answers are helpful guides to you. As always, please keep in mind the disclaimer made at the beginning of 'PRACTICE CORNER.'

Pursuant to 336.010 (4)(b), RSMo, the Missouri State Board of Nursing may issue "an interpretation . . . with respect to a specific set of facts and intended to apply only to that specific set of facts." Sometimes an individual or a facility may need or want a formal opinion or decision from the Board of Nursing regarding a specific practice matter because of certain characteristics of the matter itself or due to the nature of circumstances within which particular practice inquiries arose.

When a written opinion or decision of the Missouri State Board of Nursing is requested regarding a specific practice inquiry, the process is as follows:

- The Board's Practice Committee members first address the written request.
- The Practice Committee members review the specific practice inquiry, attached documents, and any testimony provided during the scheduled Practice Committee meeting, and, following membership discussion, make their recommendations to the Full Board.
- During the next Full Board meeting that follows the meetings of the Practice Committee, the Full Board reviews all Practice Committee recommendations and renders final Missouri State Board of Nursing opinions, decisions, or positions.

In the next section, 'Licensed Nurses,' I have tried to identify critical scope of practice considerations that should be useful to any individual or facility questioning or examining scope of practice issues and concerns.

Since I provided the ways to contact me at the beginning of 'PRACTICE CORNER,' I will not repeat them here.

Licensed Nurses

Q: Our facility is looking at whether it is possible for our licensed nurses' practice to include the performance of specific nursing acts or delegated medical acts they have not performed before or have not performed in our facility to date. What do we need to consider before making a decision?

A: Given a health care facility employer and licensed nurse duty to protect the health, welfare, and safety of their patients/clients, considerations might include, but not be limited to, the following:

- statutes (Chapter 335) and rules/regulations (4 CSR 200-1.010 through 4 CSR 200-6.010) of the Missouri State Board of Nursing that regulate the practice of registered professional nurses and licensed practical nurses;
- federal and state statutes and rules/regulations applicable to the employing facility;
- other federal and state statutes and rules/regulations applicable to the practice matter under consideration, if any;
- judicial decisions related to the practice matter under consideration, if any;
- pertinent position statements of the Missouri State Board of Nursing, if any;
- pertinent past specific practice decisions or opinions of the Missouri State Board of Nursing, if any;
- (NCSBN) Council of State Boards of Nursing's (NCSBN) concept paper on delegation and delegation decision-making tree found at <http://www.ncsbn.org/files/delegation.html>;
- nationally recognized nursing organizations' nursing standards and scope of practice statements applicable to the practice matter under consideration, if any;
- nationally recognized standards applicable to the employing facility and the practice matter under consideration, if any;
- other nationally recognized standards or scope of practice statements applicable to the practice matter under consideration, if any;
- professional literature applicable to the practice matter under consideration;
- trends and acknowledged, accepted, or unaccepted standards of practice applicable to the practice matter under consideration by similar employing facilities in the geographic area and within the state;
- employing facility's administrative position on the particular practice matter;
- employing facility's current and proposed written documents applicable to the practice matter under consideration, such as organizational charts, job descriptions,

protocols, policies and procedures, and so forth;

- specific cognitive and psychomotor skills required to comprehend and perform the identified clinical act/s safely, effectively, competently, and accountably;
- employing facility's plan to reasonably and defensibly provide and document evidence of licensed nurses' supervised learning and acquisition, along with ongoing preservation, of specific, state-of-the-art cognitive and psychomotor skills required to comprehend and perform the identified clinical act/s safely, effectively, competently, and accountably;
- employing facility's risk management/legal counsel perspective on the particular practice matter under consideration;
- employing facility's and licensed nurses' malpractice insurance coverage sufficiency to include the expanded practice matter under consideration; and
- licensed nurses' own legal counsel perspective on the particular practice matter under consideration, as indicated.

Q: With the above areas addressed adequately, what are further considerations for the specific performance of delegated medical acts?

A: Critical elements found in more recent past specific decisions of the Missouri State Board of Nursing include, but are not limited to, the following:

- specific employed licensed nurse has documented evidence of appropriate cognitive and psychomotor educational instruction by an appropriate health care provider, direct supervised practice with actual patients conducted by appropriate health care provider, and defensible validation of being able to knowledgeably and skillfully perform the delegated medical act/s competently and safely, along with possessing the ability to exercise reasonable and prudent judgment concerning appropriateness of the clinical act/s for particular patients and the ability to respond effectively and efficiently to complications and/or untoward effects associated with the performance of the delegated medical act/s;
- the particular medical act/s has/have been prescribed for the patient by an appropriate and authorized health care provider (i.e., prescriber of medical treatment in whose scope of practice it is to evaluate a patient's condition as being indicative of need for the act/s and who is legally authorized to prescribe the act/s);
- well defined entity written policies and procedures in place and readily available in facility, along with any requisite, written protocols also in place and readily available in facility; and
- appropriate and authorized health care provider consultation immediately available to the employed licensed nurse when s/he is performing the specific, delegated medical act/s.

Continued to page 9

The Best Kept Secret In Texas

Memorial Hospital, Midland, Texas is seeking experienced nurses who are interested in providing quality total patient care. We are a community based, not-for-profit healthcare provider for a population of over 100,000. We currently have the following opportunities available:

Medical/Surgical Medical Oncology Telemetry ER

We offer a competitive compensation package that includes interview and relocation expense. For an opportunity to join our team, please contact: Memorial Hospital, Human Resources Department, 2200 W. Illinois, Midland, TX 79701. Call (800) 833-2916 ext. 1568. Fax (915) 685-6934.

EOE



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We have immediate opportunities for
RNs in the following positions:

- NURSING SUPERVISORS
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BONUS

- Nursing Supervisors will be eligible for:
 - A \$500 Bonus (paid after completion of 90 days employment)
 - A \$1,000 Bonus (paid after completion of 6 months employment)
 - A \$1,500 Merit increase (paid after completion of one year employment)
- Staff Nurses will be eligible for:
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Human Resources Dept.
1313 High Street, Suite 111, Des Moines, IA 50309
(515) 241-6313 • (800) 843-4522
FAX (515) 241-6515

PRACTICE CORNER

(Continued from page 8)

Q: From time to time, I see enticing educational offerings that would rapidly provide me a 'certificate' or 'certification' in a health-related area of interest to me. Since I would like to do something different in health care with my license as a registered professional nurse or licensed practical nurse, will I be covered under my nursing license?

A: First, let me remind you of the phrase, "Let the Buyer Beware." If something seems too good to be true, I suggest you hold your money until you carefully check out the provider and the details of the offering. Second, if the offering purports an outcome of cognitive and psychomotor learning and competency verification, investigate the kind and amount of 'hands on' training you will receive and how and on whom you will train and demonstrate competency. Third, even though you may go through an educational or training program, our state's laws may or may not allow the performance of the acts with your particular licensed nurse status. Sometimes there are restrictions within our practice act or other licensing entities may regulate the particular area. Fourth, the words, 'credential' and 'certification,' can be impressive but may mean 'just a piece of paper.'

Q: I work for an agency that is near Missouri's border with another state. Sometimes I get physician orders from a physician licensed in the other state. Someone said I couldn't take or comply with this physician's orders. Is this true?

A: In 335.016 (8) & (9)(c), RSMo, the language was changed a while back to allow administration of medications and treatments "as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments" (the previous language had said licensed in Missouri). If you have any concern about the authenticity of the physician being a licensed physician in whatever state it is, then you have a duty to verify his/her licensure status just as you would carry out your duty to verify questionable treatment orders.

New Graduates From Basic Nursing Programs

Q: When hiring new graduates who completed a nursing education program that prepared them to sit for either the licensed practical nurse or registered professional nurse licensing examination, what kinds of activities will they be able to perform and what kind of supervision will they require?

A: New graduates perform under their respective anticipated licensure statutes, namely, 335.016 (8), RSMo, or 335.016 (9), RSMo, and applicable rules. To perform any acts addressed by their respective anticipated licensure statute, the new graduates must possess the requisite knowledge, education, skills, training, and experience to perform the acts safely and

competently. An assigning/delegating licensed registered professional nurse must make reasonable and prudent assessments, judgments, and decisions with respect to assigning only that care which the new graduate can perform safely and competently. Additionally, an assigning/delegating registered professional nurse must provide responsible, prudent, and accountable supervisory behavior [see the rule, 4 CSR 200-5.010 Definitions, which defines proper supervision]. Proper supervision may or may not include physical presence depending on the registered professional nurse's assessments and judgment determinations with respect to such things as the particular acts to be performed by the new graduate, the graduate's strengths and limitations, the patient's condition or status, and so forth. In other words, there is no list of activities that can and cannot be performed and no formula for what constitutes proper supervision in any given instance. Appropriate and defensible practice boundaries must be established on a case-by-case basis by the delegator.

Licensed Practical Nurses

Since the last Newsletter, an IV certified licensed practical nurse provided me with an opportunity to respond to several areas for which she sought specific clarification concerning scope of practice. Her inquiries represent several themes I have addressed in other telephone conversations.

I am curious about some of the apparent practice uncertainties of either employers of licensed practical nurses or licensed practical nurses themselves. In part, my curiosity relates to callers questioning whether licensed practical nurses, who:

- have completed a 1 year, formal nursing education program;
- sat for and passed a licensing examination; and
- possess sometimes many years of clinical and continuing education experience,

can perform certain delegated health care acts, with proper supervision, that unlicensed assistive personnel with nonstandard health care training, no regulation or licensure, and variable amounts of health care experience are already doing on a daily basis.

Q: If I, a licensed practical nurse, am assigned/delegated by a registered professional nurse or physician, can I perform and/or document the first assessment of a work shift or any other subsequent assessments to provide patient care in a private or public hospital care setting? Can I perform this task without a registered professional nurse or physician present?

A:

Related to this question and those that follow in this 'Licensed Practical nurses' section, the statute, 335.016 (8), RSMo, provides a definition of "practical nursing" which permits you to perform nursing acts (e.g., nursing assessment) that you defensibly have the requisite specialized skill, judgment, and knowledge to perform under the direction of a person licensed by a state regulatory board to prescribe medications and treatments (e.g., physician) or under the direction of a registered professional nurse. The rule, 4 CSR 200-5.010 Definitions, defines proper supervision, which is a critical responsibility of the physician or registered professional under whose direction you are performing the assigned/delegated nursing acts.

At their January 1994 meeting, the Missouri State Board of Nursing provided an opinion to a hospital-based registered professional nurse regarding a licensed practical nurse's role in completing patient assessments. Briefly, the Board stated in its opinion that a variety of qualified individuals (e.g., licensed practice nurses, unlicensed assistive personnel) may participate in the assessment process within the scope of their functions and competence and, therefore, may be delegated to participate in specific ways by a registered professional nurse pursuant to the statute, 335.016 (9)(e), RSMo.

Related to this question and those that follow in this 'Licensed practice Nurses' section, the rule, 4 CSR 200-5.010 Definitions, defines proper supervision in such a manner as to allow a delegator a range of supervisory behaviors to utilize in any given situation depending on the professional assessment and judgment of the delegator. Although the delegator being physically present when the delegated act is being performed is certainly an option available to the delegator if the situation and circumstances warrant, it is not specified as a requirement in this rule.

Related to this question and those that follow in this 'Licensed Practical Nurses' section, it must be kept in mind that in its written policies and procedures, an employing entity may elect to be more restrictive than Missouri statutes and rules. An employing entity cannot be less restrictive than the law.

Continued to page 10

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EOE

PRACTICE CORNER (Continued from page 9)

Q. Can I, a licensed practical nurse, take verbal or phone order from a physician if cosigned by the prescribing physician at a later time?

A. Again, the information in the above boxes applies to my response here as well.

A copy of the Board's past specific decisions regarding the matter of physician's orders and their relay is available from the Board office. Briefly, the Board's opinions reflect that a licensed practical nurse, for example, working under the direction and supervision of a registered professional nurse, may be delegated the responsibility of taking verbal/telephone orders from an authorized prescriber or her/his authorized agent.

I would expect an employing entity to have written policies and procedures regarding those authorized to take prescriber orders and identification of the time frame within which the prescriber must verify/cosign the orders.

Q. Can I, a licensed practical nurse who is IV certified, discontinue intravenous lines with heparin or saline locks? Can I, in a life-threatening situation administer an IV push medication?

A. Again, the information in the above boxes applies to my response here as well.

The rule, 4 CSR 200-6.010 Intravenous Fluid Treatment Administration, Section (3), specifies the only scope of practice of non-IV certified LPNs under the direction and supervision of a physician or registered professional nurse. "Discontinue IV infusions" is identified in Section (3). According to Webster's Dictionary (1995), discontinue means "to stop" or "to cease." My understanding of "discontinue IV infusions," at this writing, is that a non-IV certified LPN (and an IV-certified LPN) can stop an intravenous infusion. There is no evidence in Section (3) or elsewhere in the rule with respect to removing an intravenous line, and I am uncertain whether your inquiry includes whether you would be able to both stop an intravenous infusion and remove an intravenous line. Intermittent injection devices (i.e., heparin or saline lock) may be attached to either peripheral or central venous catheters. If we apply the definition of stopping an intravenous infusion to Section (3) and not include removing an intravenous line, then it would be within your scope pursuant to delegation by and supervision of either a physician or registered professional nurse to stop an infusion on either peripheral or central venous lines which have intermittent injection devices as long as you have the competency to perform the act safely and follow your action by report and documentation of procedure performed and observations made.

On the matter of removal of lines, the Missouri State Board of Nursing did provide an opinion at its January, 1993 meeting that removal of peripherally inserted central catheters (PICC), a variation of

central venous lines, was not within the scope of licensed practice nurses. This opinion and other past PICC decisions of the Board are available from the Board office.

Sections 1(D) and 6(E) of the rule, 4 CSR 200-6.010 Intravenous Fluid Treatment Administration provide the specific parameters within which you as an IV-certified licensed practical nurse may perform manual intravenous push of a drug. The Board of Nursing clearly did not want IV-certified licensed practical nurses to engage in this activity as a matter of the convenience to others.

Q. When given a patient assignment, am I, a licensed practical nurse, responsible for all my actions?

A. Registered professional nurses and licensed practical nurses, who are in positions to delegate, retain accountability and responsibility for tasks delegated. For example, if you, as a licensed practical nurse, were delegated by a registered professional nurse to teach, delegate, or supervise unlicensed assistive personnel, you would retain accountability and responsibility for your delegative assessments and judgments and for the delegated tasks. Additionally, the unlicensed assistive personnel would remain personally accountable for their own actions and inactions. It follows that if you, as a licensed practical nurse, are delegated/assigned to care for specific patients, you would remain accountable and responsible for your own actions and inactions and the delegator would retain accountability and responsibility for her/his professional delegative assessments and judgments and for the delegated tasks. If there were negative patient care outcomes, the specifics of accountability and responsibility attributable to either the delegator or delegatee would necessitate case-by-case analysis and determination.

Registered Professional Nurses

Q. Can a registered professional nurse who is not an advanced practice nurse make a medical diagnosis?

A. No. Pursuant to the statute, 335.016 (9)(b), RSMo, a registered professional nurse who is not an advanced practice nurse can make a nursing diagnosis. A resource for registered professional nurses to assist them in making nursing diagnoses is the North American Nursing Diagnosis Association (NANDA).

NANDA published its first list of nursing diagnoses in 1973. It defines a nursing diagnosis as "a clinical judgment about individual, family, or community responses to actual or potential health problems/processes. Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable."

The American Nurses Association has adopted NANDA as the standard for nursing diagnoses in the United States. NANDA is included in the National Library of Medicine Unified Medical Language System (UMLS) Metathesaurus. NANDA's office is located in St. Louis, Missouri. A website for NANDA was under construction at this writing.

Q. I am interested in obtaining RN certification and wonder where to go to find out more information.

A. Many nationally recognized nursing certifications at the generalist practice level (i.e., not advanced practice nurse level) are moving toward a bachelor of science in nursing degree

requirement, along with clinical practice in the emphasis area and other requirements. If you have already completed a bachelor of science in nursing degree (BSN), you may want to explore the generalist certifications available through the American Nurses Credentialing Center (ANCC) at <http://www.nursingworld.org>. If none of ANCC's available certifications apply to your particular clinical practice emphasis area or you do not have a BSN, then you may want to explore the nationally recognized nurse specialty organizations to see what else is available. Either a university's health science library reference desk personnel or your own web search may help you toward your goal.

ADVANCED PRACTICE NURSES

With respect to the practice of registered professional nurses who have completed advanced nursing education, I believe our Board would like to see several areas rectified by licensees so that they would see no further complaints related to these areas. These professionally self-regulating areas include, but are not limited to, the following, which are listed in no special order:

1. titling, designating, representing self, and practicing as advanced practice nurses without Board of Nursing recognition (i.e., either recognition never sought or is expired)
2. seeking advanced practice nurse credentialing from various entities or inclusion as a network provider without Board of Nursing recognition
3. engaging in written collaborative practice arrangements with physicians without Board of Nursing recognition
4. writing controlled substance prescriptions
5. writing noncontrolled drug prescriptions for oneself, relatives, friends, or outside one's clinical nursing specialty area and role (i.e., outside "Document of Recognition" issued by Board)
6. not titling, designating, representing oneself, or practicing in accord with one's "Document of Recognition"
7. not complying with titling requirements of advanced practice nurse rule, Section (4)(B) as outlined in the document, "Missouri State Board of Nursing Advanced Practice Nurse Title Guidelines"
8. not complying with prescription pad requirements of collaborative practice rule, Section (3)(17)
9. using written collaborative practice arrangements that may comply with the statute, 334.104.2, RSMo, but do not meet the more specific requirements of the collaborative practice rule
10. not pursuing the meeting of the advanced practice nurse rule, Section (8), continued recognition requirements in a timely fashion prior to expiration date on "Document of Recognition"

Faculty at advanced practice nursing programs are also urged to make sure that preceptors for their students are currently recognized by the Board in the preceptor area and have collaborative practice arrangements that comply with both statute and rule requirements.

Q. I work for a managed care entity. We are undergoing accreditation and have staff reviewing patient records for certain standards. In the State

Continued to page 11

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PRACTICE CORNER

(Continued from page 10)

of Missouri, are advanced practice nurses required to have their documentation co-signed by the supervising physician?

A. I want to first address the matter of co-signature or countersignature meaning in a broad sense. Facilities should have written policies on co-signature or countersignature that specifies exactly what it means, when it is to be used, by whom it is to be used, and so forth. For example, someone in a supervisory position can use co-signature or countersignature to represent that an entry has been reviewed and that the documented/described care is approved by co-signer/countersigner. Co-signature or countersignature could also be used to convey that the documentation describes care the individual had the authority or competence to perform and that all required patient care procedures were carried out. Co-signature or countersignature could also be used to indicate that the supervisor witnessed the actual performance of care that is documented in the entry.

Generally speaking, when advanced practice nurses (APNs) are in written collaborative practice arrangements (CPAs) with physicians for the performance of medical acts delegated by the physician, the statute, 334.104.2, RSMo, and rule, 4 CSR 200-4.200 Collaborative Practice, are operative. The written agreement (CPA) itself specifies the authorized medical acts that can be carried out by the APN. There is nothing in the rule that specifies that the collaborating physician must co-sign or countersign APN patient record entries of diagnosis, treatments prescribed, and care provided.


There are requirements in the collaborative practice rule for 'review of services' by the collaborating physician but, again, the rule does not specify how this record review is to be documented. Section (4)(F) of the collaborative practice rule leaves the process and documentation of record review discretionary. Some collaborating pairs review all records and do use the co-signature or countersignature strategy for documenting all APN entries having been reviewed. Other collaborating pairs may use a strategy of combining both specific and random record review; in this case, not all records would have the collaborating physician's co-signature or countersignature.

Given this explanation, I believe you will have gathered that the answer to your question is 'no.'

Miscellaneous

Resources that be of interest:

- Brent, N.J. (1997). *Nurses and the law: A guide to principles and applications*. Philadelphia: W.B. Saunders.
- Sullivan, G.H., & Mattera, M.D. (1997). *RN's legally speaking: How to protect your patients and your license*. Montvale, NJ: Medical Economics.
- Springhouse. (1996). *Nurse's Legal Handbook*. Springhouse, PA: Springhouse Corporation.
- Report of the National Committee on Safer Needle Devices, "Using Safer Needle Devices: The Time Is Now;" for copy, fax request to (773) 883-5399 or send e-mail request to gpgulesse@aol.com.



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QUESTIONS ABOUT THE LICENSE RENEWAL PROCESS

If you are a RN, you should have renewed your license by the time you receive Issue 2 of the Missouri State Board of Nursing Newsletter. RNs should have a license that expires April 30, 2001. If you are a LPN, you should have a license that expires on May 31, 2000. During the RN license renewal process, which ended April 30, 1999, the Board office received numerous questions and a few complaints about the renewal process. The purpose of this column is to respond to the questions and complaints received by the Board staff.

Question: Why are the licenses not laminated?

Answer: The Missouri State Board of Nursing is a member of the Division of Professional Registration. The Division of Professional Registration has the statutory authority to issue the license for all the licensing boards under their auspices. In 1998, the Boards' under the Division of Professional Registration were asked to convert to the paper format of licensure to reduce the manual costs of laminating the licenses. The Missouri State Board of Nursing voted to move to the different formats (a wall hanging license and a wallet license) to participate in the move to a uniform license.

Question: Why is the renewal process for two years?

Answer: In 1996, the Board moved to have a two-year renewal cycle (RNs on the odd years and LPNs on the even years) which would reduce the expense of an annual renewal process. Mailing the renewal forms and licenses to nurses is one of the major expenses of the Board. In addition, by rotating the renewal years between the two groups of nurses, it reduces the need to hire temporary help during the renewal cycle as existing staff can handle the renewal process with a minimum of overtime. The disadvantage of the two-year renewal process is that nurses fail to notify the Board of address changes over the two years. Over five thousand renewal forms were returned to the Board office this year, which adds to the expense of processing renewals.

Question: What does the Board do with the renewal fees that are paid, obviously the paper license doesn't cost that much?

Answer: The funds paid during the renewal process are the majority of the funds that the Board receives to carry out the business of the Board as authorized by statute. No tax dollars are used to fund the Board of Nursing. The license fees fund the following programs:


1. A portion of the RN and the LPN renewal fee is transferred to the Professional and Practical Nursing Student Loan and Nurse Loan Repayment Fund. An article about the program is in this Newsletter on page 12.

2. Approval of Nursing Education Programs in Missouri. There are 91 nursing programs in the state.
3. Approval of licensure requests from graduates and endorsement requests to be licensed in another state.
4. Investigation of complaints against a nursing license. In 1998, the Board received 792 complaints.
5. Discipline of nurses who have violated the Nursing Practice Act.
6. Respond to Practice inquiries and development of Position Statements for nurses and employers.
7. Respond to phone calls from licensees, employers, the public and associations for information concerning licensees or the Nursing Practice Act.
8. Provide copies of the Nursing Practice Act and Regulations at no cost to requesting parties.
9. Provide information packets to requesting parties concerning issues of interest to nursing regulation.

Question: Why did the Board encourage the use of money orders this year? If you have a problem with insufficient checks, you need to solve it in a different manner.

Answer: The Board does have a problem with a small number of individuals who unfortunately make payment for their license with checks that are returned from their bank for insufficient funds. Money orders are one way to avoid the situation. Nurses whose checks are returned due to insufficient funds unfortunately have received their license before the Board is notified of the insufficient funds situation. Missouri law identifies that a license is considered invalid or lapsed if the individual has not reimbursed the licensing board prior to the expiration of their current license. Nurses who manage their financial affairs can continue to submit checks and will receive their license. The Board office will send a list of the names of nurses who have a lapsed license to employers after the RN renewal cycle. If a nurse has a license that was received based on an insufficient funds payment they will be listed on the lapsed license list. The Board office is considering requesting money orders only from nurses who have "bounced" checks in the prior renewal cycle in an effort to reduce the number of individuals who continue to work even though their license is lapsed.

Skaggs Community Health Center has current openings for Operating Room Technicians (Certified and Non-certified), OR Charge Nurse, RN, LPN, and CNA's. All licensed positions must be licensed to practice in the State of Missouri. We offer competitive wages and good benefits. Send resume or apply in person to:

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Professional and Practical Nursing Student Loan and Nurse Loan Repayment Fund

In 1990, House Bill 1429 was signed into law. HB 1429 was the result of collaboration between then Representative Joseph L. Driskill of Doniphan, and the Missouri Nurses Association. In the late 1980's, the nation and Missouri were experiencing a shortage of nurses. The Missouri Hospital Association reported a 7.4 percent vacancy rate in 1987, with a range from a high of 11.3 percent to a low of 4.0 percent across the state.

One of the responses to the shortage was an effort to sponsor legislation that would create a Nurse Loan and Nurse Loan Repayment Program in Missouri, in the belief that more students would attend nursing programs if funds were available. After one failed legislative attempt in 1989, HB 1429 was successfully passed into law in 1990.

HB 1429 mandated that the Missouri State Board of Nursing would collect at the time of licensure or licensure renewal, an education surcharge from each person licensed or relicensed in the amount of one dollar per year from Licensed Practical Nurses

and five dollars per year from Registered Nurses. The legislation had a sunset clause in it, stating that the law would expire in five years unless extended by the legislation. In 1995 Senate Bill 452, sponsored by Senator David Klarich, of Ballwin and signed into law by Governor Mel Carnahan, removed the sunset clause from the Nurse Loan and Nurse Loan Repayment program.

The funds collected by the Board of Nursing are deposited into a separate fund that is administratively managed by the Department of Health. Rules and regulations for administration of the program were promulgated by the Department of Health and can be found in the Code of State Regulations (19 CSR 10-6.010). An Advisory Panel consisting of twelve members appointed by the Director of the Department of Health meets regularly to advise the department regarding rules, funding and guidelines for implementing and administration of the Nurse Loan and Nurse Loan Repayment program.

Selection criteria for the Nurse Loan Repayment program are willingness to serve in an area of defined need, professional references and appropriate work history. Qualified employment means employment in a public or non-profit agency, institution or organization in an area of defined need (a Primary Care Health Professional Shortage Area). The applicant must show proof of Missouri residency, complete a Disclosure of

Financial Aid form and an application for the loan program. Applications for the loan program can be obtained by contacting Health Systems Research and Development of the Department of Public Health by calling 573-751-6219 or 800-891-7415.

Financial assistance to a qualified candidate shall not exceed five thousand dollars for each academic year for professional nursing program and shall not exceed two thousand five hundred dollars for a practical nursing program. Since 1992, \$3,118,178.00 has been collected by the Board of Nursing and placed in the Loan fund. Loans or repayments issued since passage of the Nurse Loan program are listed in Table 1.

The Nursing Loan Program has been totally funded by the Registered Nurses and Licensed Practical Nurses of Missouri. The program has allowed men and women to pursue careers in nursing, better their lives and alleviate the nursing shortages in areas of need in the state. Belinda Helmericks RN, Executive Director of the Missouri Nurses Association (MONA) brings a historical perspective to the program when consulted during research for this article. "Residents of Missouri and Missouri nurses have always been self-sufficient individuals. MONA and then Representative Driskill were able to create a loan program that has a direct impact on making high quality, accessible and affordable nursing services available throughout the state" Ms. Helmericks advised. So the next time you wonder what happens to some of the money sent to the Board of Nursing, realize that your license fee contributes to the funding of nursing education in Missouri as well as benefiting the citizens of Missouri.

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	FY92	FY93	FY94	FY95	FY96	FY97	FY98
Loans/Repayment issued	\$195,500	\$231,199	\$286,453	\$334,029	\$338,803	\$349,925	\$449,627

Table 1 Nurse Loan Program—Loans/Repayment Issued (Information provided by the Missouri Department of Health)

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**DID YOU CHANGE YOUR NAME?
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DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?**

4 CSR 200-4.020 (15)(b) (1) says in part "If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing....." and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change...."

Please feel free to use the form below to notify the board office of your name and/or address change. Once the name and/or address change has been made to the board's records a letter verifying this change will be mailed to you.

NAME AND ADDRESS CHANGE NOTICE

1. Is this an address change?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Is this a name change?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Missouri License Number: RN _____ LPN _____		
OLD INFORMATION (please print):		
First Name	Last Name	
Address:		
City	State	Zip Code
NEW INFORMATION (please print)		
First Name	Last Name	
Address (if your address is a PO Box, you must also provide a street address):		
City	State	Zip Code
Please provide signature:		

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and/or wall hanging document) that has been issued to you for the present renewal period, and the required fee of \$5.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form.

You may contact our office in one of the following manners:

- Internet E-mail: nursing@mail.state.mo.us (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)

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You may have received an advertisement from one of several publishing companies that provide books, study aids and services to assist you in obtaining a nursing degree from the University of the State of New York, Regents College. The Missouri State Board of Nursing recognizes the University of the State of New York, Regents College as an accredited nursing program. Graduates from the University of the State of New York, Regents College may apply for a Missouri nursing license. However, the Missouri State Board of Nursing does not recognize, accredit or approve educational publishing companies such as programs offered by Chancellors Learning Systems, Inc., RUE Publishing Company and the Moore Publishing Company. In accordance with the Nursing Practice Act, the Board of Nursing only accredits those programs that lead to a degree, diploma or certificate in nursing. Since these companies are educational publishers and not degree granting institutions, the programs offered by Chancellors Learning Systems, Inc., RUE Publishing Company and the Moore Publishing Company do not qualify a person to apply to take the licensure exam.

The University of the State of New York's Regents College may be contacted directly for information regarding written and clinical examinations, study guides, textbook services, workshops and study groups. Such information may be important in helping determine the value to you of services provided by such publishing companies as those listed above. You may contact The University of the State of New York, Regents College by telephone at (518) 464-8500 or by mail at 7 Columbia Circle, Albany, NY 12203-5159.

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Probated Licenses

Name	License Number	Violation	Effective Dates of Probation
ACKLIN, CYNTHIA	RN 138723	Misappropriated Demerol, Morphine, and Nubain.	1/13/99 TO 1/13/02
APPLEHANS, GARY	RN 088482	Licensee misappropriated Demerol and was terminated from employment. Licensee pled guilty on 6/20/97 to Class D Felony Fraudulently Attempting to Obtain a Controlled Substance.	07/13/98 TO 07/13/03
BARTON, LORI	PN 050848	Falsified syringe count sheet. Failed to report medication stash.	3/2/99 TO 3/2/01
BOLTON, MICHELLE	RN 086124	Licensee practiced nursing on a lapsed license from 5/1/96 to 7/1/98. Licensee completed an evaluation indicating that she witnessed a home health aide perform a competency test when in fact she had not witnessed this.	9/29/98 TO 9/29/01
BOWEN, BARBARA	RN 085496	Licensee misappropriated the medication MSIR, a trade form of morphine sulphate.	9/8/98 TO 9/8/03
BRANNON, DAVID	RN 115602	Misappropriated Demerol. Drug screen-positive for Demerol.	2/10/99 TO 2/10/02
BRUNEAU, BARBARA	RN 105015	Forced patient to take medication on two occasions.	3/31/99 TO 3/31/01
CAREY, KELLY	RN 123776	Licensee misappropriated Percocet, Tylenol #3, Darvocet/N, Vicodin, Lorcet, Morphine Sulphate, and Dilaudid for personal use.	10/3/98 TO 10/3/02
CORNIO, TERRY	PN 039052	Practiced nursing on a lapsed license from 7/1/94 to 5/20/96.	07/15/98 TO 7/15/2000
COX, MILDRED	RN 050827	Licensee misappropriated Xanax for her personal consumption.	10/13/98 TO 10/13/03
CUNNINGHAM, TERESA	PN 044738	Medication Error. On 7-23-96, licensee administered 8cc's of Zantac to an infant when the order was for 0.8cc's. On 8-8-96, licensee administered 0.8cc's to an infant when infant had already received the medication earlier that day.	1/15/99 TO 1/15/02
DAVIS, PHILLIP	RN 137798	Failed to perform order for Groshong flush and dressing change. Failed to administer order for Veramil. Threw away dental progress note on patient.	1/25/99 TO 1/25/01
DECK, TAMMY	RN 120407	Licensee exhibited unusual and erratic behavior at work. Licensee tested positive for propoxyphene and amphetamines. Licensee wore a fanny pak at work containing Morphine and Heparin.	10/27/98 TO 10/27/00
DONOHUE, MARY	RN 117171	Licensee pled guilty in Circuit Court to stealing a controlled substance, Class C Felony.	2/5/99 TO 2/5/02
DURHAM, LUAN	RN 075321	Licensee did not follow proper procedure for sponge count during a surgery and as a result a sponge was left inside a patient and it had to be removed surgically.	07/15/98 TO 07/15/99
FAUGHN, ARCHIE	PN 054653	Licensee received an order to administer 2mg of Morphine Sulfate to a resident. Licensee administered 20mg of Morphine Sulfate. Licensee was terminated as a result.	1/26/99 TO 1/26/02
FRANKS, PATRICIA	PN 032212	Medication Errors/Charting Errors.	3/2/99 TO 3/2/00
FRAZIER, DANIE	PN 058026	Licensee pled guilty to driving while intoxicated, driving under the influence, and passing a bad check.	9/4/98 TO 9/4/00
FREDERICKS, KYLE	PN 056172	Terminated from facility for slapping resident.	1/9/99 TO 1/19/01
FULLER, MARY SUSAN	PN 049595	Licensee consumed alcohol prior to reporting for work.	09/16/98 TO 9/16/00
GATEWOOD, BERNICE	PN 037178	Verbal abuse/made physical threats to patient.	02/19/99 TO 2/19/02
GRAYSON, JENNIFER	RN 128919	Licensee misappropriated Demerol on a number of occasions for her own personal use.	10/14/98 TO 10/14/03
HANRAHAN-KNAUS, VICTORIA	RN 093448	Licensee mailed a letter to a nursing school with the intent to persuade them to deny an application. Licensee signed another nurse's name to this letter.	10/27/98 TO 10/27/00

Continued to page 15

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PROBATED LICENSES (Continued from page 14)

Name	License Number	Violation	Effective Dates of Probation
HENRY, SANDRA	RN 105311	Licensee misappropriated Fentanyl for her own personal use.	10/8/98 TO 10/8/01
HERR, CHRISTINE	RN 131461	Misappropriated Demerol, Vicodine, and Morphine. Tested positive for opiates.	7/15/98 TO 7/15/03
HOBBS, WILLIAM	RN 091500	Placed on 5 yrs. probation in Louisiana for attempting to obtain a controlled substance.	1/12/99 TO 1/12/04
HURT, MARILYN	RN 039674	Ordered that a patient's oxygen be increased without doctor's order and failed to document this in nurses notes.	1/27/99 TO 1/27/01
JOHNSON, DELTA	RN 152294	Licensee did not properly document the administration of a controlled substance on 4 occasions.	9/14/98 TO 9/14/00
JORDAN, RANDALL	RN 121231	Misappropriated Demerol.	2/2/99 TO 2/2/04
KAELEN, NANCY	RN 114619	Did not submit documentation and attend meetings as required by her disciplinary agreement.	3/12/99 TO 3/1/00
KEITH, ROBIN	PN 049697	Licensee completed an ADN program in nursing. Licensee began working as an RN. License never took or passed RN exam. Licensee falsified a copy of her LPN license to reflect that she was an RN.	08/31/98 TO 8/31/03
LUKE, CARMEN	PN 057623	Licensee was diagnosed as alcohol dependent.	9/4/98 TO 9/4/00
MCDONALD, PAUL	PN 053614	Tested positive for Oxycodone, Cannabinoids, and Propoxyphene. Misappropriated Lortab for Personal use on an ongoing basis.	1/20/99 TO 1/20/02
MCNAIL, BETTY	RN 132554	Was addicted to marijuana, crack cocaine, and alcohol.	9/30/98 TO 9/30/01
MIKIE, SELLERS	PN 045810	Failure to assess patient with signs/symptoms of a stroke on 3 occasions while working the day shift.	1/13/99 TO 1/13/01
MOORE, SONJA	PN 057624	Licensee pled guilty to stealing.	9/4/98 TO 9/4/00
NAUGLE, RACHEL	RN 152295	Entered into the Kansas Nurses Assistance Program for 2 years for chemical dependency treatment.	9/14/98 TO 9/14/00
NEIL, MARJORIE	PN 027551	Licensee obtained a prescription for 65 Tranxene tablets and altered the prescription by adding a (1) to the tablet amount, thereby fraudulently indicating that the prescription was for 165 tablets. Licensee attempted to have the prescription filled at a local pharmacy.	1/20/99 TO 1/20/02
PARHAM, MONIQUE	PN 051181	Pled guilty to Class D Felony fraudulent use of a credit device.	2/10/99 TO 2/10/02
PATTERSON, SUE	PN 058373	Pled guilty to 2 counts of felony forgery and received a suspended imposition of sentence.	2/23/99 TO 2/23/03
RICHEY, SHONA	RN 137399	Licensee misappropriated Demerol, Stadol, Valium, Vistaril, and Phenergan for personal use.	10/8/98 TO 10/8/03
SESKER, HEATHER	PN 048359	Violated existing agreement with the Missouri State Board of Nursing by not submitting required documentation and by not attending required meetings, arrested on 10/18/97 and charged on 10/23/97 with possession of Ephedrine with intent to manufacture Methamphetamines. On 4/2/98, pled guilty to felony possession of Ephedrine with intent to manufacture Methamphetamines. On 10/23/97, charged with Class D Felony of passing bad checks. On 4/2/98, pled guilty to passing bad checks.	10/26/98 TO 10/26/02
SKINNER, RICHARD	RN 153101	Pled guilty to attempting to obtain a controlled dangerous substance by a forged prescription. 4/28/97-Licensee submitted RN retake exam application to Oklahoma Board of Nursing without revealing his guilty plea.	12/14/98 TO 12/14/00
SMITH, NELLIE	PN 047440	Added a medication to an already existing IV solution on 3 occasions. Indicated on patient chart that an RN had administered the medication.	10/29/98 TO 10/29/01
STEVENSON, KENT	RN 143828	Misappropriated Fentanyl for personal consumption by falsely representing that medication was administered to patients or destroyed.	2/3/99 TO 2/3/04
STONE, DENISE	RN 104805	Misappropriated Percocet-licensee violated Disciplinary agreement.	2/5/99 TO 2/5/02
SULLIVAN, COLLEEN	RN 083493	Licensee had a prescription for Lorcet filled in her name and gave the medication to the physician, who wrote the prescription, for his own use. Licensee diverted Meperidine injectable and Demerol for her own personal use.	10/5/98 TO 10/5/02

Continued to page 16

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PROBATED LICENSES (Continued from page 15)

Name	License Number	Violation	Effective Dates of Probation
SWANSON, MARY	RN 098697	Licensee consumed alcohol 4 hours prior to reporting for work.	9/29/98 TO 9/29/01
TOWELL, CINDY	RN 132206	Licensee called in a refill for a home health patient when one was not needed and licensee picked prescription up from pharmacy violating office policy and was terminated. Licensee presented a fraudulent resume to attend training session and become a state approved instructor for CNA's.	7/15/98 TO 7/15/01
TURNER, DEANNE	PN 037344	From 3/07 to 7/97, there were many discrepancies in licensee's documentation of dispensing controlled substances. At another facility from 9/97 to 10/97 there were frequent discrepancies in the licensee's documentation of dispensing controlled substances.	10/29/98 TO 10/29/03
VESTAL, THERESE	RN 113299	Licensee misappropriated Demerol and Morphine on several occasions for her own personal use.	10/5/98 TO 10/5/03
WELSH, NANCY	RN 125425	Misappropriated Vicodin, Lorcet, and Percocet for personal consumption.	2/15/99 TO 2/15/04
WELTER, ANGIE	PN 057625	Licensee pled guilty to fraudulent use of credit, drug possession, and receiving stolen property. Licensee was sentenced to 20 months probation for crack cocaine use.	09/4/98 TO 9/4/00
WILLIAMS, RICHARD	RN/PN 122437 038538	Licensee, while employed as a DON, failed to adequately supervise staff at facility to ensure their compliance with state and federal laws. Licensee pled guilty to Class A misdemeanor stealing.	9/10/98 TO 9/10/01

Revoked Licenses

Name	License Number	Violation	Effective Date
DAWSON, GERALD	PN 025240	Licensee was trying to pull a shower hose away from a resident and in the process, licensee pulled the resident off of the shower chair and the resident fell to the floor and hit his head and buttocks.	10/9/98
DETERS, THOMAS	RN 134381	Falsified MO nursing license application. Mississippi and Louisiana nursing licenses were disciplined for falsification of applications.	3/11/99
DUKE, KELLI	PN 036256	Violated her existing agreement with the Missouri State Board of Nursing. Licensee did not submit documentation nor attend meetings as was required by her agreement.	8/3/98
FERGUSON, TERRI	RN 119967	Licensee misappropriated Meperidine for personal use.	10/5/98
FORD, MELISSA	PN 046059	Pled guilty to Class A misdemeanor of stalking and Class C felony of forgery.	9/25/98
TAGGART, ROBERT	RN 058765	Sexual misconduct with a patient.	9/25/98
WALKABOUT-ROOP, GINGER	PN 053399	Used inappropriate form of restraint on patient.	1/13/99
WILLIS, MELODY	RN 107321	Misappropriated controlled substances obtained Roxicet and Obe-nix by forging physician's name on prescription.	3/11/99

Suspended/Probated Licenses

Name	License Number	Violation	Effective Dates of Suspension	Effective Dates of Probation
BURNS, STEPHANIE	RN 110537	Licensee was found to not be legally responsible for her ex-husband's death but guilty of the lesser offense of attempted second degree murder. Licensee was sentenced to 7 years in the MO. Dept. of Corrections as a result of her conviction. Subsequently, the licensee was released from custody and placed on 5 years supervised probation.	3/11/99 TO 9/11/99	9/11/99 TO 9/11/03
CALLAIS, CECILIA	PN 034755	Misappropriated Xanax and Darvocet. Pled guilty to possession of a controlled substance. Placed on Division of Aging Employee Disqualification List. Misappropriated Tylenol #3 and forty dollars. Pled guilty to felony stealing.	1/13/99 TO 1/13/02	1/13/02 TO 1/13/07
KANEER, TROY	RN 127949	Made unintentional inaccurate chart entries by indicating he had made home health visits to patients at times that are not accurate. He consumed Darvocet from his mother's prescription in order to alleviate pain.	3/11/99 TO 3/11/00	3/11/00 TO 3/11/03
MENDENHALL, NICOLE	PN 053741	Licensee pled guilty to charges to misdemeanor stealing. During 12/96 and 1/97, licensee misappropriated Valium by falsely representing that she was administering the medication to patients	1/19/99 TO 7/19/99	7/19/99 TO 7/19/03
TOWELL, CINDY	RN 132206	Wrote prescription for self for Lorcet on 2 occasions and Darvocet-N on 1 occasion. Pled guilty to Class C felony of forgery. On 2 occasions misappropriated Darvocet from her home health patient.	2/4/99 TO 2/4/00	2/4/00 TO 2/4/05

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Censured Licenses

Name	License Number	Violation	Effective Date
BAKER, DIANA	PN 045275	Licensee was aware of medications that were being stored onsite that should have been returned to the pharmacy. Licensee took them home and flushed them down the toilet.	10/27/98
BELT, NORMA	RN 040880	Practiced nursing on a lapsed license from 5/1/97 to 10/30/97.	3/2/99
BROWN, DOUGLAS	RN 143477	Licensee stole money from a patient and was terminated by his place of employment.	10/29/98
CONNETT, KEVIN	RN 124319	While a patient was in 4 point restraints, licensee pulled her back onto the bed by pulling patient's hair. Because patient was screaming and cursing, Licensee held a washcloth over patient's mouth as she was transported to the psychiatric unit.	1/19/99
CZAJKOWSKI, MICHAEL	RN 111940	Failure to document. Charting errors.	1/25/99
DIMICALE, DOMINICK	RN 135883	Licensee did not monitor patient's blood pressure every 2 hours as ordered, altered patient record to indicate blood pressures were taken. Patient was transferred to ICU.	10/19/98
HISLE, SHEILA	RN 120872	Licensee was suspended from her place of employment on 4/9/96 for falsifying patient records.	10/27/98
MAYS, DOTTYE	RN 140774	Licensee assessed patient and found to be unresponsive, with fixed pupils, no hand grasps, no response to painful stimuli, and tongue deviated to the right side. Licensee charted her assessment on MT's chart, but did not attempt to contact physician.	1/13/99
MOSS, DONNA	PN 029587	Practiced nursing on a lapsed license from 6/97 to 5/98.	1/11/99
PHILLIPS, ELLEN	PN 045953	Licensee practiced nursing on a lapsed license from 11/97 to 3/98.	08/31/98
PLOWMAN, ESTHER	RN 059121	Allowed graduate nurse to practice after licensee was informed that she had failed her exam.	12/18/98
SHARP, KIM	RN 132268	Could not find results of blood work in patient file, fabricated a number and provided that false information to the physician. Falsified patients record to reflect bloodwork had been performed and reported false results of the test on the record.	1/13/99
STEELE, RHONDA	RN 045588	Pled guilty to unlawful possession of Marijuana.	10/29/98
THOMPSON, REBECCA	RN 135223	An Emergency Room physician wrote a prescription for Vicodin in the licensee's name. Licensee did not have a doctor-patient relationship with the physician. At the physician's request, the licensee had the prescription filled and gave the Vicodin to the physician for his own personal use.	09/08/98

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Surrendered Licenses

Name	License Number	Effective Date
BATES, DONNA	RN119043	1/19/99
BREWER, ANNA	RN113184	10/27/98
BROWN, DOROTHY	PN033337	10/30/98
CRAWFORD, JOHN	RN107287	10/20/98
JACKSON, ETHEL	PN016632	3/23/99
MITCHELL, LAVONDA	PN046981	11/10/98
RUSSELL, SHAWNA	PN032779	1/27/99
TESNO, BARBARA	RN085979	4/14/99

Duplicate Licenses Issued

The following nurses have been issued duplicate licenses during the period of January 8, 1999 through March 31, 1999. These licenses have been reported as lost, stolen, never received in the mail. Duplicate licenses are identical to the original license with the exception of the word DUPLICATE typed on the face of the license. Any person presenting one of the following certificates without the word DUPLICATE should be considered suspect, and the Board of Nursing should be notified immediately.

Please note that RN licenses that indicate they are valid through 4/99 will expire on April 30, 1999, RN licenses that indicate they are valid through 4/01 will expire on April 30, 2001 and LPN licenses expire on May 31, 2000.

Name	License Number	Reason
HATTON, CINDY	PN058128	NEVER RECEIVED
HELTON, MARY	PN046718	LOST
HENDRICKSON, LINDA	PN020608	LOST
HOLT, CHERYL	RN058024	LOST
HUBSON, NANCY	RN035983	LOST
HUGHES, CLAUDIA	PN031151	LOST
ISMAY, LINDA	PN030322	LOST
JACKSON, DEBORAH	PN042918	STOLEN
JACKSON, LISA	RN124538	STOLEN
JANNEY, KERRY	PN057564	LOST
JARMAN, KIMBERLY	RN126257	LOST
JENNINGS, HAROLYN	PN047737	NEVER RECEIVED
JOHNSON, DEBORAH	PN031236	LOST
JOHNSON, KRISTIN	RN150980	LOST
JOHNSTON, JANICE	PN057681	NEVER RECEIVED
JONES, GLENNA	PN043589	LOST
KAPLESKI, FREDERICK	RN100733	LOST
KLINGENSMITH, WANETTA	PN032782	LOST
MARKHAM, JILL	PN070123	LOST
MAXWELL, CATHERINE	RN056317	DESTROYED
MCCARTY, REBECCA	PN029744	LOST
MCCULLOUGH, COLLEEN	RN126866	STOLEN
MCDONALD, KEITH	PN057474	LOST
MEINKE, SUSAN	PN057424	LOST
METCALF, KAY	PN050839	LOST
MILLER, BOBBY	PN043040	LOST
MOORE, ROBYN	PN054775	LOST
MYERS, MISTY	PN050795	LOST
NICHOLS, CAROL	PN046558	STOLEN
PARSONS, WANDA	RN060913	LOST
RICHARDSON, EDNA	PN010990	LOST
ROMERO, MELANIE	PN056843	DESTROYED
SANDERS, WILMA	PN044598	LOST
STANDIFER, GERALDINE	PN013883	LOST
STEINERT, LESLEY	RN118848	LOST
THEAS, LEROY	RN038669	UNKNOWN
TOMPKINS, BECKY	RN089538	LOST
TURNER, DIANA	PN036771	LOST
UNDERWOOD, F. GENE	RN103585	LOST
VARVERA, BECKY	RN139881	LOST
VIVANO, DANA	RN145394	LOST
WALL-CORNETT, JUDITH	PN013058	LOST
WELCH, DEBBIE	PN056479	DESTROYED
WILLIAMS, RETA	RN138362	DESTROYED
YAMRY, MARY	PN037612	STOLEN

Name	License Number	Reason
AMAYO, ELLEN	PN058056	LOST
BARRINGHAUS, JULIE	RN128816	LOST
BARDLEY, HEATHER	PN053109	LOST
BRANDON, LOIS	RN128323	LOST
BRAZEL, STEVEN	RN130636	LOST
BRITTINGHAM, GEORGETTE	PN048345	STOLEN
BURRESS, CYNTHIA	RN104642	LOST
CASTILLO, RUTH	RN043260	LOST
COFFELT, SALLY ANN	RN136356	STOLEN
COSTELLO, BARBARA	RN029291	DESTROYED
COTTELL, JESSICA	PN052419	LOST
DAVIS, PATSY	RN144604	LOST
DAVIS, STANLEY	PN053585	LOST
DISHMAN, CHERYL	PN055105	LOST
EDMOND, INGE	PN057939	LOST
ESCHBACHER, HOLLI	PN057267	LOST
EXTON, KATHRYN	PN053642	LOST
FRISBIE, MARCIA	PN054032	LOST
GEORGE, MARY	PN056752	LOST
GEORGE-MANIACI, LINDA	PN010519	DESTROYED
GOMMYER, DEBRA	PN047466	LOST
GOTTO, AMY	PN057808	LOST
GRAY, PEGGY	RN115117	LOST
GRIFFIN, ROSALYN	PN056487	LOST
HALL, NANCY	PN027123	LOST

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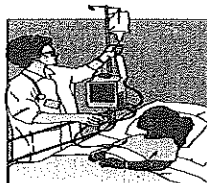
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Update on Licensed Nurses in Missouri.

As of April 4, 1999 the licensed nurse count in Missouri was:

Current Registered Nurses	75,575
Current Licensed Practical Nurses	23,433
TOTAL	99,008
Advanced practice nurse recognition	3,192

Of the 75,575 RNs, 20,677 have out of state addresses. Of the 23,433 LPNs, 2,765 have out of state addresses. The number of licensed nurses in Missouri has increased, on average, 1-2% per year over the last ten years.



ITEM WRITERS

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A. Gaye Schaffitzel, RN	Fair Grove, MO 65648
Mary E. Kennish, RN	Ashland, MO 65010
Sue Green	Eldon, MO 65026
Patricia Ann Cyr	Maplewood, MO 63143
Jenny Due Dean	Trenton, MO 64683
Karen M. Gross	Washington, MO
Shelly Nixon Roth	Basehor, KS 66007
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Missouri Board Attends Area II

Cordelia (Dee) Esry, PhD, RN, Board President, Rita Tadych, PhD, RN, Assistant Director for Discipline and Practice and Calvina Thomas, PhD, RN, Assistant Director for Education and Licensure, attended the National Council of State Boards of Nursing's Area II Meeting in Columbus, Ohio on April 9th and 10th, 1999.

The National Council State Board of Nursing is comprised of the boards of nursing in the 50 states, the District of Columbia, and five United States territories—Guam, Virgin Islands, Puerto Rico, American Samoa, and the Northern Mariana Islands. Five states have two boards of nursing, one for registered nurses and one for licensed practical/vocational nurses: California, Georgia, Louisiana, Texas and West Virginia.

Once a year, delegates from the Member Boards convene in a Delegate Assembly to determine the direction and policies of the National Council and to elect individuals to the National Council's Board of Directors. Between annual meetings of the Delegate Assembly, a nine-member elected Board of Directors is charged with overseeing implementation of policy and directing the activities of the National Council. Each Area is represented on the Board by an elected member who also conducts regional meetings (called Area Meetings) that enable each Area's Member Boards to share ideas and discuss issues of common

concern. Missouri belongs to Area II, which includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia and Wisconsin.

On April 9th, 1999, the Area Day, National Council's mid-year progress reports for the strategic plan were presented. These included topics and action for: Nurse Competency, Regulatory Outcomes, Changing Practice Settings, Data and Databases, Congruence between Education and Service and Organizational Capacity. Of most interest were the topics of Nurse Competence, Mutual Recognition, Computerized Clinical Simulation Testing or CST and the Comprehensive Database System.

The Regulatory Day on April 10th included educational information for participants on Telenursing and future regulation of nursing practice, ethical issues in board decisions and CCAP or the Continued Competency Accountability Profile which has been proposed by the Nurse Practice and Education Continued Competence Subcommittee.

Many of the topics discussed will become voting issues at the National Council Delegate Assembly in July 1999. Ongoing information on the issues may be viewed on the National Council's web site, www.ncsbn.org.

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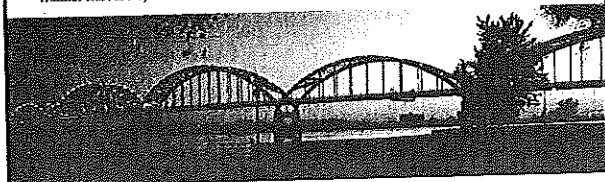
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THE MISSOURI STATE BOARD OF NURSING COURSE AVAILABLE FOR NEW NURSE ADMINISTRATORS

Staff of the Missouri State Board of Nursing invite you to participate in an information session regarding the functions of the Board of Nursing and how these functions may impact the role of the chief nurse administrator in all types of health care settings. The day long session is targeted for registered professional nurses newly appointed to a director level position in the last 12 months. Only one person from a facility may attend each session. The sessions will be held on a quarterly basis in Jefferson City. Registration is required since the class is limited to 12 nurses per session.

COST

\$50.00 registration fee. Make check payable to Missouri State Board of Nursing (covers cost of materials and meal)

FACULTY

Marcia K. Flesner, RN, MSN, MHCA, CNAA
Executive Director

Liz Cardwell, RN, M.Ed
Discipline Coordinator

Lori Scheidt, AA
Licensing Supervisor

George Snodgrass, BA
Chief Investigator

Rita Tadych, PhD, RN
Assistant Director for Discipline and Practice

Calvin Thomas, PhD, RN
Assistant Director for Education and Licensure

DATES October 14, 1999
January 12, 2000

TIMEFRAME 8:30 a.m. to 4:30 p.m.

LOCATION Missouri State Board of Nursing
Professional Registration Building
3605 Missouri Boulevard
Jefferson City, MO

The registration form is on this page. Please complete the form and fax it to the Missouri State Board of Nursing at 573-751-0075. Please be sure to select the program date of your choice. We will accept reservations on a first come, first served basis.

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RN Licensure Number Title of position: Length of service In position: months Describe your work setting: How many full time employees work for you?	Day Requested: (Mark only one Box) October 14, 1999 <input type="checkbox"/> January 12, 2000 <input type="checkbox"/>
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Please fax registration form to 573-751-0075.

The twelve individuals chosen for each class will receive written notification in the mail, along with a packet of materials. Payment, in the form of a check made out to Missouri State Board of Nursing, will be accepted the day of the orientation. Should you have any questions, please feel free to contact us at 573-751-1416 or send us an E-mail at nursing@mail.state.mo.us

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The Missouri Health Manpower report is intended to serve as a general data source book for licensed health professions in Missouri such as physicians, psychologists, physical therapists, chiropractors, dentist, dental hygienists, pharmacists, podiatrists, optometrists, veterinarians, registered nurses and licensed practical nurses. The data used for the report is obtained from the surveys mailed to licensees during the licensure renewal process.

Produced by the Missouri Center for Health Statistics, the report is a summary document providing a brief overview of each profession, along with statistical data concerning activity status, age, practice characteristics, and place of professional education. It is not, nor is it intended to be, an exhaustive set of health manpower data or a complete analysis of these data. Those in need of more detailed information are invited to contact the

Missouri Center for Health Statistics.

This publication is available at most depository libraries throughout the state or can be purchased for \$15.00 plus shipping and handling from the Missouri Center for Health Statistics in Jefferson City. The most recent publication available is the 1995 publication which contains information about the registered nurse population in Missouri. The data used for the report was obtained from the surveys mailed to nurses during the biennial renewal process. The Center can be reached by calling 573-751-6279, or faxing 573-751-4102, or writing:

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Cox Medical Center South

Human Resources
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OB

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DEPARTMENT OF ECONOMIC DEVELOPMENT
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MISSOURI STATE BOARD OF NURSING

3605 Missouri Boulevard
Jefferson City, MO 65109

**Hearing Set for Missouri State Board of
Nursing vs. St. Louis College of Health
Careers/Metro Campus**

Released Thursday, March 22, 1999
Contact: Calvina Thomas, PhD, RN
573/751-0080

Jefferson City—The Missouri State Board of Nursing has filed a complaint with the Administrative Hearing Commission against St. Louis College of Health Career's Practical Nursing Program/Metro Campus alleging that the nursing program failed to maintain an annual 80% pass rate on the National Council Licensure Examination for Practical Nurses (NCLEX-PN®) for four consecutive years in violation of Section 335.071, RSMo 1994, and 4 CSR 200-3.010(4).

A hearing before the Administrative Hearing Commission has been set for June 15, 1999. The Administrative Hearing Commission will determine whether the Board of Nursing has cause to remove accreditation from the school as a result of the alleged violation of the minimum standards for accredited practical nursing programs.

The Missouri State Board of Nursing was created by an act of the General Assembly in 1903. The Board is responsible for maintaining standards of education and practice for registered and practical nurses in the State of Missouri. The members of the Missouri State Board of Nursing include Cordelia Esry, PhD, RN, of Hamilton, MO, President; Patricia R. Porterfield, RN, MSN of St. Charles, MO, Vice-President; Patricia A. Versluis, RN, of Neosho, MO, Secretary; Janet Anderson, RN, Chillicothe, MO; Arthur Bante, RN, CRNA of Jefferson City, MO; Ian M. Davis, LPN of Blue Springs, MO; Paul Lineberry, PhD of Columbia, MO; Robin Vogt, MSN, RN, FNP-C of Versailles, MO; and Charlotte York, LPN of Sikeston, MO.

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Salary: Based upon experience and qualifications.

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Salary: Based upon experience and qualifications on faculty salary schedule.

The Search Committee will begin to review applications on June 1, 1999. In order to ensure full consideration, applications should be received before that date. The positions will remain open and applications will be reviewed until an appointment is made. For more information or to apply, applicants must submit a letter of application, resume, unofficial transcripts and four references to:

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**MISSOURI CODE OF STATE
REGULATIONS
MISSOURI STATE BOARD OF NURSING**

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**CHAPTER 1 - ORGANIZATION AND
DESCRIPTION OF THE BOARD**

CSR 200-1.010 General Organization

PURPOSE: The purpose of this regulation is to give a description of the board of nursing and the methods and procedures where the public may

obtain information or make submissions or requests.

- (1) The membership of the Missouri State Board of Nursing is composed of nine (9) members at least five (5) registered professional nurses, at least two (2) licensed practical nurses and at least one (1) voting public member who meet the specific qualifications as stated in Chapter 335, RSMo.
- (2) The officers of the board are elected annually from the membership by the members, and consist of a president, a vice-president and a secretary. The secretary shall also be treasurer. The board operates as a whole and shall meet at least once each year as determined by the board. The board may hold additional meetings during the year as may be deemed necessary to perform its duties. A majority of the board, including at least one (1) officer, shall constitute a quorum for the conducting of business and to fulfill its responsibilities and functions as set out in

section 335.036, RSMo.

- (3) The public may obtain information from the board or make submissions or requests to the board by writing the executive director of the board at P.O. Box 656, Jefferson City, MO 65102.

AUTHORITY: Chapter 335, RSMo (1994). * Original rule filed April 5, 1976, effective Oct. 11, 1976. Amended: Filed Sept. 18, 1981, effective Jan. 14, 1982. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Amended: Filed Feb. 15, 1996, effective Aug. 30, 1996.

*Original authority: Please consult the Missouri Revised Statutes for Statutory history.

Op. Atty. Gen. No. 32, Freeman (1-2-80). Registered professional nurses cannot perform all of the duties and functions of "nurse practitioners" provided for in the Rural Health Clinic Services Act, Pub. L. 95-210.

Op. Atty. Gen. No. 153, Wilson (9-10-79). Licensed practical nurses are not included within the specified class of medical professionals receiving limited protection from civil liability under the terms and provisions of section 537.037, RSMo (Supp. 1979).

Continued to page 27

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Kathleen Andrews, Chairperson, Department of Nursing
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Co. Bluffs, IA 51503
Fax (712) 325-2427

Midlands Community Hospital
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Papillion, NE 68046
Fax (402) 693-3095

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MISSOURI CODE OF STATE REGULATIONS (Continued from page 26)

4 CSR 200-1.020 Board Compensation

PURPOSE: This rule fixes the compensation for the members of the State Board of Nursing in compliance with the mandates of section 335.026.4., RSMo (1986).


- (1) Each member of the State Board of Nursing shall receive the sum of fifty dollars (\$50) as compensation for each day that member devotes to the affairs of the board.
- (2) In addition, to the compensation fixed in this rule, each member is entitled to reimbursement


of his/her expenses necessarily incurred in the discharge of his/her official duties.

- (3) No request for compensation provided for shall be processed for payment unless sufficient funds are available for that purpose within the appropriations for this board.

AUTHORITY: sections 335.026 and 335.036, RSMo (1994). * Emergency rule filed Sept. 18, 1981, effective Sept. 28, 1981, expired Jan. 26, 1982. Original rule filed Sept. 18, 1981, effective Jan. 14, 1982. Amended: Filed Feb. 15, 1996, effective Aug. 30, 1996.
*Original authority: 335.026, RSMo (1975), amended 1981 and 335.036, RSMo (1975), amended 1981, 1985, 1993, 1995.

CONTINUED IN NEXT ISSUE

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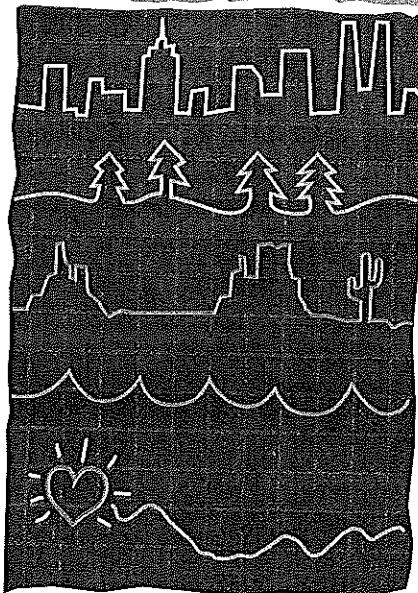
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